



SECURITY INDUSTRY PROFESSIONAL PROGRAMME PREMIUM ADJUSTMENT STATEMENT

1. Named Insured: _____
2. Policy Number: _____
3. Adjustment Period: From _____ To _____

Please fill in actual gross receipts for this policy period listed above, showing a breakdown between the different operations applicable:

SECURITY GUARDS	\$ _____	RETAIL STORE SECURITY	\$ _____
CANINE PATROL	\$ _____	ALARM MONITORING	\$ _____
ALARM INSTALLATION	\$ _____	SPRINKLER INSTALLATION	\$ _____
INVESTIGATION SERVICES	\$ _____	TELEPHONE ANSWERING	\$ _____
CCTV/CARD ACCESS	\$ _____	SALES/SERVICE FIRE PROTECTION EQUIPMENT	\$ _____
OTHER (SPECIFY)	\$ _____		

Signature Date

Title

OFFICE USE ONLY

ACTUAL PREMIUM: _____ + FLAT PREMIUM _____ =\$ _____

LESS DEPOSIT PREMIUM: _____

ADDITIONAL PREMIUM: _____ OR RETURN PREMIUM \$ _____